

Any Lab test Now Allentown
 5924 Tilghman Street, Suite E
 Allentown, PA 18104
 610-398-8333
 allentown@anylabtestnow.com

Sales Receipt

Exhibit #2

BILL TO
Grace Smith

SALES #	DATE
5452	04/22/2021

DATE	ACTIVITY	DESCRIPTION	QTY	RATE	AMOUNT
	ETX003	10 Panel Urine Drug Screen Amphetamines Methamphetamines Barbiturates Benzodiazepines Cocaine metabolite Methadone Opiates Phencyclidine (PCP) Propoxyphene THC metabolite (50 ng/ml) 30 ml urine, room temp	1	299.00	299.00
TOTAL					299.00
BALANCE DUE					\$0.00

816357304631



Step 1 TO BE COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE

SPECIMEN ID #: A239850

Client Information:

Customer Info: _____

ACCT: 001032

Any Lab Test Now (Allentown)

4144 Tilghman Street
Allentown, PA 18102

Donor Identification Verified by: ☐ Photo ID ☐ Employer Representative

REASON FOR TEST: ☐ Pre-Employment ☒ Random ☐ Post Incident/Accident ☐ Periodic ☐ Return to Duty ☐ Court Order ☐ Other _____

Collection Site Address and phone numbers:

Any Lab Test Now (Allentown)

4144 Tilghman Street
Allentown, PA 18102

Phone: (610)398-8333

Fax: (610)398-8334

Step 2: COMPLETED BY COLLECTOR:

Urine Specimen Collection: ☐ Single ☐ Split ☐ None ☐ Witnessed _____

Read Temperature within 4 minutes. Is temperature between 90°F and 100°F? ☐ Yes ☐ No (If No, please note in remarks)

Other Specimen Collection type: ☒ Hair ☐ Nails ☐ Oral Fluid ☐ Other Specify _____

Remarks: _____

Step 3: COMPLETED BY DONOR:

Donor Name: GRACE SMITH

Donor SSN or ID# _____

I authorize the collection of this specimen for the purpose of a drug screen. I acknowledge that the specimen container was sealed with tamper-proof seal in my presence, and the information provided on this form and on the label affixed to the specimen container is correct. I authorize the laboratory to release the results of the test to the company identified on this form.

X _____
Donor Signature

484-894-9146
Donor Phone #

4.22.21
Date (Mo/Day/Yr)

03/06/1989
DOB (Mo/Day/Yr)

Step 4: Collector affixes tamper seal to sample container. Donor initials and dates seal. Collector initials and dates seal.

Step 5: CHAIN OF CUSTODY INITIATED BY COLLECTOR AND COMPLETED BY LABORATORY

I certify that the specimen identified on this form is the specimen presented to me by the donor, that it bears the same specimen identification as set forth above, and that it has been collected, labeled and sealed in accordance with applicable forensic requirements.

X _____
Signature of Collector

9:20 AM
Time of Collection

Carol Ann Pugh
Print Collector's Name

4.22.21
Date (Mo/Day/Yr)

Received Lab:

X _____
Signature of Accessioner

Print Name of Accessioner

Date (Mo/Day/Yr)

To be completed as ordered by client or individual

Test Menu:

5 Panel Drug Test _____

X 10 Panel Drug Test _____

Alcohol _____ EtG _____ 5 Panel Heavy Metals _____

GC/MS Confirmation only for _____

Unknown Drug Scan _____ Unknown Chem/Tox _____

Miscellaneous Test _____

SPECIMEN BOTTLES RELEASED TO:

Delivery Service transporting specimen to Lab

Specimen Seal Intact: ☐ Yes ☐ No

Remark _____

Copy 1 - Must Accompany Specimen to Laboratory Copy 2 - for Collector Copy 3 - MRO/Employer Copy 4 - for Donor

PEEL



A239850

A

SPECIMEN ID NO.

PLACE ON SPECIMEN
CONTAINER OR
ENVELOPE TO SEAL

SPECIMEN SEAL

Collector's Initials

4.22.21
Date (Mo/Day/Yr)

Donor's Initials

PEEL



A239850

B

SPECIMEN ID NO. (SPLIT)

PLACE ON SPECIMEN
CONTAINER OR
ENVELOPE TO SEAL

SPECIMEN SEAL

Collector's Initials

4.22.21
Date (Mo/Day/Yr)

Donor's Initials

Client: Any Lab Test Now-AllenTown, PA	First Name: Grace	Test Name: 10 Panel Drug Screen	Specid: A239850
Addr: 4144 Tilghman Street	Last Name: Smith		Acc #: 211160047
Allentown, PA 18102	ID: [REDACTED]	Profile: HFR0100	Collected: 4/22/2021 9:20 AM
Phone: (610) 398-8333			Received: 4/26/2021 1:27 PM
Contact:	Test Result Positive	Media: Hair	Released: 5/3/2021 3:29 PM
		Reason: Random	Status: Complete

Drug/Test	Lab Result	Confirm Value	Screen Cutoff	Confirm Cutoff	Confirm Type
MARIJUANA					
delta 9-thc	Positive	>100 pg/mg	1 pg/mg	5 pg/mg	LCMSMS
AMPHETAMINE/MDA					
amphetamine	Positive	584 pg/mg	300 pg/mg	200 pg/mg	LCMSMS
METHAMPHETAMINE/MDMA	Negative		300 pg/mg	200 pg/mg	LCMSMS
OPIATES	Negative		200 pg/mg	200 pg/mg	LCMSMS
COCAINE	Negative		300 pg/mg	200 pg/mg	LCMSMS
PHENCYCLIDINE	Negative		300 pg/mg	100 pg/mg	LCMSMS
BENZODIAZEPINES	Negative		500 pg/mg	200 pg/mg	LCMSMS
BARBITURATES	Negative		500 pg/mg	200 pg/mg	GCMS
METHADONE	Negative		500 pg/mg	200 pg/mg	LCMSMS
PROPOXYPHENE	Negative		500 pg/mg	200 pg/mg	LCMSMS

Test Comment:

1.5" of head hair tested (Approximately 3 months timeframe)
Screen analysis by ELISA

This test is developed and validated by Expertox Laboratory. This is not a FDA approved test.

Delta 9-THC Estimated at 1,035 pg/mg